

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**32953**

**FILED OCT 22 1949**

State File No. \_\_\_\_\_

No. 300  
10.48

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BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>62</u>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Bollinger</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Wayne</u>		c. LENGTH OF STAY (in this place)		a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Welele</u>		d. STREET ADDRESS (If rural, give location)			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>				
a. (First) <u>Georgia</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Corder</u>		(Month) (Day) (Year) <u>Oct. 2 1949</u>	
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <u>Widowed</u>		<b>8. DATE OF BIRTH</b> <u>Nov. 15, 1864</u>	
<b>9. AGE</b> (In years last birthday) <u>84</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Casper Hedrick</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ann Timms</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>H. S. Conyer</u>		<b>ADDRESS</b> <u>Puxico, Mo.</u>	
<b>18. CAUSE OF DEATH</b>				<b>MEDICAL CERTIFICATION</b>			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4341</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b> <b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>June 11</u>, 19<u>49</u>, to <u>Some</u>, 19____, that I last saw the deceased alive on <u>May 19</u>, 19<u>49</u>, and that death occurred at _____ m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <u>J. D. Skilling, Jr., M.D.</u>				<b>23b. ADDRESS</b> <u>Puxico Mo</u>		<b>23c. DATE SIGNED</b> <u>10-4-49</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>		<b>24b. DATE</b> <u>10-5-1949</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>McBee</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Wayne Co. Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>10-5-1949</u>		<b>REGISTRAR'S SIGNATURE</b> <u>William David Dumbough</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Flore Morgan</u>		<b>ADDRESS</b> <u>Puxico Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-20-49

Health Officer No. 4  
File Number 1049-1  
Auto Miled

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Ina C. Meadows*

Licensed Embalmer No.

*4637*

P. O. Address

*Pepico, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.